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ABSTRACT

This study of services to young children with special needs in Massachusetts was conducted for the Early Childhood Project, Division of Special Education, Massachusetts Department of Education. The report contains the following: (1) an evaluation of activities carried out between October 1979 and August 1980 by the Birth to Six Project in Brockton, Massachusetts; (2) a review of reports relating to the Early Childhood Planning Group's document A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts; (3) a review of public policies and issues relating to early childhood services; and (4) a series of recommendations concerned with the coordination of interagency services to young children based upon this study's findings. Recommendations included: (1) that a policy level task force representing all principal interests in the early childhood service system be assembled; (2) that a permanent, full-time interagency planning and research group should be assembled to carry out the directives of the policy level task force; and (3) that directives issued by the policy level task force should be based upon analysis of recommendations provided by the planning and research group. (Author/RL)

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INTERAGENCY COORDINATION OF SERVICES FOR YOUNG CHILDREN IN MASSACHUSETSS:

REVIEW AND EVALUATION

Report Prepared for
The Early Childhood Project
Division of Special Education
Massachusetts Department of Education

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August 1980

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While I am deeply grateful to all those cited above, the opinions expressed in this report are solely those of the author and do not necessarily reflect the philosophy or policy of either Logos Research Institutes or the Massachusetts Department of Education.

EXECUTIVE SUMMARY

This study of services to young children with special needs in Massachusetts was conducted for the Early Childhood Project, Division of Special Education, Massachusetts Department of Education. This report contains the following: (1) an evaluation of activities carrried out between October 1979 and August 1980 by the Birth to Six Project in Brockton, Massachusetts; (2) a review of reports relating to the Early Childhood Planning Group's document A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts; (3) a review of public policies and issues relating to early childhood services; and (4) a series of recommendations concerned with the coordination of interagency services to young children based upon this study's findings.

Through the efforts described in this report it was determined that:

- a serious lack of coordination and communication exists between the principals involved in the early childhood services delivery system;
- policies effecting the services provided by the Massachusetts Departments of Mental Health, Public Health, Public Welfare, and Education and the Office for Children are unclear, are not complementary, and are often in conflict;
- a serious lack of communications and integrated planning exists between the public and private providers of services to young children;
- the quality of direct services, when they can be obtained, is generally very high; and
- the services delivery model developed by the Early Childhood Interagency Planning Group appears to offer a comprehensive and practical approach to the delivery of services to young children with special needs.

Recommendations as a result of this study include the following:

- It is recommended that a policy level task force representing all principle interests in the early childhood service system be assembled to oversee the implementation of the service model developed in A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts.

- It is recommended that a permanent, full-time inter-agency planning and research group should be assembled to carry out the directives of the policy level task force and to serve as a focus for the collection and dissemination of information about model programs, changes in an agency's policies or mandates, and emerging issues in early childhood.

- It is recommended that directives issued by the policy level task force should be based upon analysis of recommendations provided by the planning and research group.

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I. INTRODUCTION

For the past two years the Massachusetts Department of Education has conducted a field test of an early childhood service delivery model entitled A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts. The following report contains an evaluation of the second year activities of this field test as well as a review of early childhood service systems within Massachusetts.

This review and evaluation has been conducted by consultants to the Massachusetts Department of Education's Early Childhood Project under the direction of Dr. Ann Taylor with substantial technical assistance provided by Logos Research Institutes, Inc., a private research firm. The second year field test, located in the Brockton, Massachusetts standard metropolitan statistical area (SMSA), extended from October 1979 to September 1980. All evaluation activities were conducted between January 1980 and August 1980.

A. Organization of This Report

Section I introduces this report and describes both its organization and the approaches chosen to gather, select, analyze and present the data contained in the study.

Section II provides background material to the study including the history, the development and the previous experience involved in and leading up to the second year field test. This section is contextual in nature. The six major areas of concern to this project and the standards associated with those areas of concern are described.

Section III presents those activities associated with the Birth-to-Six Project in Brockton, with a follow-up study of the one-year project in Western Massachusetts, and with current issues.

Section IV presents a review of recent studies including the third party evaluation, coordinated social services for birth to three, Cambridge Workshop report, and policy interviews.

Section V includes the summary and recommendations of thie report.

B. Procedures and Methodology for Evaluating Second Year Field Test Activities

A major component of this report involved an external and primarily summative evaluation of activities carried out by the Birth-to-Six Project in their field test of an interagency service plan. Evaluation activities began with the identification and description of the goals and activities of the Birth-to-Six Project. These determinations were accomplished through a collaborative effort between the evaluation consultants, the staff of the Early Childhood Project, and the staff of the Birth-to-Six Project.

The evaluation design derived from the collaborative effort consisted of the following data collection activities:

- activities toward evaluating the Birth-to-Six field test site;
- activities toward a follow-up study of the Western Massachusetts field test site;
- activities toward the interview of agency policy-makers; and
- activities toward a review of recent studies.

1. Evaluating the Birth-to-Six Field Test Site

The following activities related to evaluation of the Brockton site have been conducted:

- a review of all documents related to the Birth-to-Six Project was performed;
- interviews with all Birth-to-Six Project staff were conducted;
- interviews with service agency personnel in the project area were conducted;
- a questionnaire was mailed to 33 day care/nursery schools and to 15 family day care providers in the Brockton area; and
- an exit interview was conducted with the Birth-to-Six staff.

A list of 44 people representing various agencies and organizations involved with the birth to age six population was prepared. These people were selected from service directories, suggestions of the Human Resource Group, lists of interviews conducted during the first year evaluation, and suggestions of Logos staff. Table 1 shows the number of interviews planned with representatives from each type of agency.

Table 1

AGENCY INTERVIEWS

Population or Agency	# of Potential Interviews	# of Interviews Conducted
Pediatricians	5	3
Schools	8	6
Boards of Health	2	2
Service Agencies	14	8
Hospitals	6	2
Day Care/Nurseries	9	4
TOTALS	44	25

Of the 44 potential interviews, 19 were not held for the following reasons:

Table 2

REASON NOT INTERVIEWED

REASON	NUMBER
Unable to contact	9
Unavailable for interview	3
Contacted but not involved in project	7
TOTAL	19

2. Follow-up Study of the Western Massachusetts Field Test Site

A second component of this study involved an attempt to assess the impact of the first year field test activities of the western site one year after the project had ended. For this component relevant documents and materials were reviewed and a series of four structured interviews was conducted with agency personnel previously associated with the Early Childhood Coordination Office Project.

3. Interviews with Agency Policy Makers

Interview guides were developed and structured interviews were completed with individuals representing the following thirteen programs and agencies:

- Massachusetts Developmental Disabilities Council;
- Massachusetts Department of Mental Health, Children's Services;
- Massachusetts Department of Mental Health, Early Intervention Services;
- Massachusetts Department of Public Health, Services for Handicapped Children;
- Massachusetts Department of Public Health School Health Services;
- Massachusetts Department of Education, Division of Special Education;
- Massachusetts Department of Education, Mass Child Search;
- Massachusetts Office for Children; Division of Day Care Licensing;

- Massachusetts Department of Public Welfare, Chapter 766 Reimbursement Program;
- Massachusetts Department of Public Welfare, Project Good Health;
- Administration for Children, Youth and Families, Northeast Region for Project Headstart;
- Massachusetts Legislative Committee on Education, Congressional Research Staff; and
- Children's Hospital, Child Development Unit.

4. Review of Recent Studies

The findings, conclusions and recommendations of five recent reports concerned with the service model developed by the Early Childhood Interagency Planning Group were systematically reviewed and subjected to a comparative analysis. These five reports were:

- Final Report of the Early Childhood Coordination Office, The Early Childhood Coordination Office, August 1979;
- Final Report of the Birth-to-Six Project, Brockton Area Human Resources Group, August 1979;
- Evaluation of Field Test Sites for Coordinated Interagency Services for Children with Special Needs in Massachusetts, Logos Research Institutes, Inc., September 1979;
- Coordinating Social Services for the Birth to Three Year Old Child, Logos Research Institutes, Inc., April 1980; and
- Children in Transition: A Study of the Provision of Early Intervention Services in Massachusetts, The Cambridge Workshop, August 1980.

II. BACKGROUND

A. The Need for Coordinated Services

The Commonwealth of Massachusetts holds a long history of concern for adequate services to its young citizens. The landmark legislation, Chapter 766, has served as a model for other states and the federal government (P.L. 94-142) in their efforts to serve children. Since the implementation of Chapter 766 a number of ambitious studies including "Thursday's Children" and "The Children's Puzzle" have been undertaken in an effort to determine (a) to what extent Chapter 766 was meeting identified needs, and (b) what remained to be done beyond the mandate of 766.

One finding which arose repeatedly throughout these various studies indicated that the current service system, comprised of many state agencies, resulted in inadequate services in some cases and in other cases in needless duplication that did not serve the best interests of the child. The lack of consistency and coordination of the service system was considered to be at least as significant a problem as specific missing or inadequate services. Furthermore, as long as the lack of a clear "system" persists there is no framework for systematically improving services. In the "Children's Puzzle" the Children's Services Task Force concluded that:

> *The extraordinary level of duplication of services to children is a product of the many state agencies which have broad statutory mandates to serve children. The duplicate systems in state agencies have resulted in a lack of central direction which can focus on such fundamental questions as: a) what are the desired social goals of providing services to children and families; b) what should be the limits of governmental intervention with families and children; c) what are the minimum levels of quality the state should expect for services which are publically financed; and d) what are the levels of accountability which the state should exact from both the public and private sector for the programs it finances.*

While this situation was certainly true of all children's services, nowhere was it more acute than with services for the youngest children. Chapter 766, which provided a programmatic and philosophic framework through which agencies could negotiate agreements for school aged children, left the area of early childhood largely unaddressed. For this reason very young children and their parents would often find themselves in an endless cycle of referrals, partial assessments, and incomplete, fragmented service programs.

B. Development of "A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts"

In an effort to bring direction and structure to the "non-system" of early childhood services a task force representing over 30 federal, state and local service providers and parents was formed in July 1977. The work of this Early Childhood Interagency Planning Group resulted in a policy paper entitled "A Plan for Interagency Services for Children with Special Needs in Massachusetts." This policy paper which was presented to the Social Services Policy and Planning Committee, the Commissioner of Education, and the Administration for Children, Youth and Families, attempted to address the services needs of children between the ages of birth and six years. The Task Force's purpose was stated as: "The design of a cooperative service system to serve more effectively the Commonwealth's children with special needs from birth to age six."

An initial examination of services for the birth to six population revealed four areas of primary concern for this group. They cited 1) the serious "need for a comprehensive primary prevention program throughout the Commonwealth aimed at removing the underlying causes of diseases and handicapping conditions..."; 2) the need to give high priority to early identification and intervention; 3) a concern that services be provided in the least restrictive environment; and 4) the need to develop a "more equitable, cost effective method of financing programs for young children with special needs."

These four foci guided the Early Childhood Interagency Planning Group in the development of a set of standards for a coordinated full service delivery system. This development process involved a five stage process:

- the development of statewide program standards for young children with special needs;
- a description of the existing programs;
- an analysis of the discrepancies between the standards and the existing programs;
- the consideration of alternative strategies to meet the program discrepancies; and
- the development of recommendations.

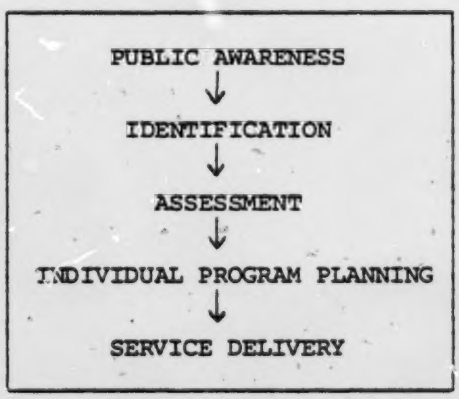
For each of the following areas program standards were developed along with recommendations concerning statewide and local responsibilities:

- public awareness;
- identification;
- screening;
- assessment;

- planning;
- service delivery;
- technical assistance;
- program evaluation; and
- interagency agreements.

Taken together, the first six of these program areas form a sequential client pathway (see Figure 1). Public awareness serves both as a child find mechanism and as a process for alerting parents to the need for periodic medical and development screening. Properly conducted, a public awareness campaign should result in a substantial increase in the number of young children who are screened for possible delays or handicaps. When the screen indicates a positive result, a child may be referred for any number of specific assessments or evaluations. The results of the assessments, in turn, may provide the base from which an individual service plan is developed. Finally, with an agreed upon service plan completed, it is possible to assign a child to the most appropriate service delivery program.

Figure 1



The last three areas for standards development represent the indirect or support services necessary to maintain a coordinated direct service network. Because it is often difficult if not impossible to separate out the medical, developmental and educational needs of a young child it is critical that programs and individuals providing discrete services have access to technical assistance in the related area as the need arises. Program evaluation serves as a method for the systematic modification and improvement of system components and interagency agreements are necessary in order to designate the roles, including fiscal responsibilities of all service providers.

The work of the task force resulted in three broad responsibilities. They proposed that the Social Services Policy and Planning Committee, the Commissioner of Education, and the Administration for Children, Youth and Families:

1) Review and adopt the program standards for children with special needs from birth to six;

2) Adopt the goal of achieving these program standards through the establishment of cooperatively staffed and funded services; and

3) Approve a plan to field test the establishement and delivery of cooperatively staffed and operated service systems in selected catchment areas within the commonwealth.

These three recommendations were accepted and implemented. With the assistance of a one-year grant from the Bureau of Education for the Handicapped, the Massachusetts Department of Education developed plans including a Request for Proposals to undertake the proposed field test.

C. Initiation of the Field Test

A major portion of A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts was devoted to a "plan for the field testing of the development of a coordinated full service delivery system at the local level." Using the standards and recommendations developed in "The Plan," the Interagency Planning Group constructed a request for proposal (RFP) in April 1978. This RFP called for the implementation and systematic analysis and documentation of six standards outlined in "The Plan":

- public awareness;
- screening;
- assessment;
- program planning and management;
- parent participation; and
- technical assistance and inservice training.

The proposals of two groups, the Brockton Area Human Resources Group and the Franklin/Hampshire-Holyoke/Chicopee Area Service Planning Teams were selected because of their apparent level of interagency commitment and their understanding of the field test purposes. Contracts were awarded and work began in both the Eastern (Brockton/Holbrook) and Western (Franklin/Hampshire-Holyoke/Chicopee) sites in October 1978.

The two test sites differed in at least two significant ways. First, the eastern site, which became known as the Birth-to-Six Project, represented a small geographic area encompassing the city of Brockton and the adjacent town of Holbrook. By contrast, the western site, which became known as the Early Childhood Coordination Office (ECC), spanned two catchment areas representing two cities and fifty-one towns. The second dimension on which the two sites differed was organizational. The eastern contract was awarded to an established, private, non-profit social service

agency (Brockton Area Human Resources Group, Inc.) with a permanent staff and developed operating procedures. The award for the western site, on the other hand, was made to a coaltion of planning groups which would need to create an organization to carry out the components of the field test.

Both sites were funded to conduct their activities between October 1978 and September 1979. In January 1979, Logos Research Institutes, Inc., a private research firm, was contracted by the Massachusetts Department of Education to conduct an independent evaluation of the two-site field test. In September 1979 the Birth-to-Six Project, the Early Childhood Coordination Office and Logos Research Institutes each submitted a final report of their activities, findings and recommendations. The following section summarizes those reports.

D. The First Year

In their final reports the staff of each site and the external evaluators each reported a significant number of findings and recommendations concerning the standards outlined in "The Plan."

1. Public Awareness

Standard: There should be a comprehensive ongoing public awareness program which should include:

- parent and child rights;
- knowledge of normal growth and development;
- nature of handicapping conditions and their causes;
- advantages of early diagnosis and intervention; and
- services available and the appropriate contact.

This program should communicate effectively with all segments of the population. In order to assure this total communication, the program should utilize a variety of materials, media, methodologies and all languages necessary to reach the total population.

Findings: Both sites attempted to conduct the campaign suggested by the above standard. The difficulties encountered in each site were similar. Both sites found that planning for the proposed public awareness effort was a complex and exhausting endeavor. The wording of the standard was open to interpretation and a good deal of time was spent determining precise objectives. In retrospect, it appears unlikely that a local group working in a limited time frame and without benefit of state or national media resources can conduct a multi-lanugage, multi-media, multi-message campaign. At the same time, both sites identified a great need for just such a campaign in their areas. Future efforts in the area

of public awareness should be conceived as long term development activities. They should be supported by state or federal media resource centers and clearinghouses and they should begin gradually to develop a base for local activities. This local base should be stable and standardized so as to encourage an additive effect beginning with a single message to a specific target population through a limited number of methods. Additionally methods, messages and audiences could then be gradually added. An additional benefit of this approach may be found in the informal networks and word-of-mouth messages that develop and reinforce the objectives of the campaign.

2. Screening

Standard: A systematic process for screening should exist to assure all children from birth to age six receive periodic, comprehensive health and development screening in order to identify possible special needs. This system should include:

- mass screening programs for the total population and a referral system for further assessment; and
- individual screening for children suspected as special needs and referral for further assessment.

Findings: As with public awareness, both sites were quick to discover the complexity inherent in the standard for screening. It became apparent to both projects that they could not develop, plan and conduct comprehensive screenings for all children birth to six within the funded period. The thinking at both sites took a similar tract and resulted in each site concentrating on designing and conducting a clinic-based screening program for 18 month old children. This age was chosen because of the assumption that hospitals provide some screening at birth and that schools screen some children at age 3 and all children at entry to school. The 12 to 24 month period fell between these points.

Both sites conducted useful, high quality screening sessions. The number of children who were eventually screened, however, was disappointingly low given the amount of planning and preparation that many agencies, programs and individuals provided. This occurred despite the fact that the sites had limited their effort to a specific target population (18 month olds) and to a single approach (a clinic-based model for general health and developmental problems). There are a number of reasons which may account for the low number of children screened (27 and 25) in each site. As stated above, comprehensive screening is a complex undertaking. Many decisions have to be made concerning the conditions to be screened for, the instruments to use, the use of facilities, staffing, costs and procedures. Many individuals representing different agencies, with differing mandates and philosophies, had spent an inordinate amount of time and energy trying to develop consensus on everything from the definition and goal of a screen to the procedures for scheduling the children on the day of the clinic.

Other factors which may have hindered a more successful turnout include the fact that the screening sessions in both sites were conducted during the summer, a difficult time to arrange and coordinate any social service program due to vacations for individuals or programs such as the public schools. Also, an insufficient amount of time was available to coordinate between the medical and social service communities, a wider and more pervasive problem than originally thought. Another contributing factor may have been a general reluctance on the part of participating social service agencies which had a fear of uncovering a flood of new clients which would overwhelm their resources. As a result of this fear, public awareness material designed for the program encouraged parents to bring in their child "if they suspected a problem." This message may have reached the parents of children with less obvious developmental problems. The effect of this may be evidenced by the fact that approximately one-third of the children screened were eventually referred for assessment. The final contributing factor may be the lack of success with public awareness in the preceding section.

3. Assessment

Standard: All children should receive an assessment appropriate to the degree and type of suspected special need(s). Appropriateness is defined as the selection and administration of instruments which determine the sequence and achievement of developmental levels and may include part or all of the following as determined by the referral data and the child's need(s):

- cultural appropriateness
- general physical;
- nourological;
- audiological;
- gross motor development;
- perceptual motor development;
- receptive and expressive language;
- cognitive development;
- social and emotional growth;
- formal and informal observation of the child including at least two visits to the home and any other settings where the child customarily spends waking hours;
- the avoidance of unnecessary duplication or irrelevant testing; and
- complete social history including individual and family information.

Findings: The concept of a multiagency assessment team (MAT) was a central component to the assessment standard. As originally conceived, the MAT was to consist of individuals with interest in the child's needs (agencies, parents, pediatrician, etc.). Modeled after the "team" evaluation developed for Chapter 766, this team was expected to have the clinical expertise to assess or have assessed all needs of the child and the requisite authority to commit resources to an individual service plan which they developed. In order to construct such a team at the local level it was necessary to identify an agency responsible for convening and hosting the MAT and also to develop clear operating procedures and written agreements as to the roles and responsibilities of each agency. The work required a considerable amount of the project time and as a result only one MAT was conducted at one site and this during the final days of the project.

When it came time to actually conduct a mock multiagency assessment, which was done at both sites, a long list of questions and issues began to emerge. While agencies were eager to be involved in the planning, for example, they were very reluctant to assume a role as the lead or convener of the meetings. As a result, the project staff assumed the responsibility of orchestrating these first meetings. Some of the issues which required resolution during these initial MATs were:

- Determination of the components of an MAT;
- Determination of a quorum: what agencies? What professionals?
- Determination of a chairperson;
- Conduct of a pre-MAT meeting to determine what assessments are needed;
- Determination of the need for an advocate;
- Determination of what other professionals or agencies should be involved (beyond the quorum);
- Determination of a preliminary case manager;
- Delineation of the case manager's responsibility;
- Delineation of the chairperson's responsibility;
- Delineation concerning the procedures for referral;
- Determination of who is to receive initial screening information before the MAT is convened;
- Determination of the frequency of MAT meetings;
- Determination of the location of MAT meetings;
- Scheduling of all required assessments;
- Solving of policy setting and transportation problems for parents;
- Recommendations of service providers;

- Designation of who will write the service plan;
- Determination of authority to assign services; and
- Determination of the timeline and the bringing together of all the above.

It is apparent that if the MAT approach is to be successfully implemented, clear procedures for dealing with the above issues must be developed. Furthermore, it is necessary that these standards and procedures be set at a central office level. It is unlikely that local agency staff will be willing to accept new roles or to commit their agency to service assignments without clear structure and support from their central office.

4. Program Planning and Management

Standard: A local planning and evaluation team will be created to:

- develop an inventory of existing services and resources;
- determine and report gaps in service;
- develop a plan for maximizing all existing resources, entitlements and strategies for assuring the continuance of services beyond the grant year; and
- develop a resource directory organized by program objectives.

Findings: In each site the analysis of the service system, the identification of needs and the development of resource directories were among the most successful and rewarding of the activities undertaken. E.C.C.O. and the Birth to Six Project conducted thorough needs assessments by questioning local area service providers and conducting information seeking workshops. The needs identified in these studies, including a need for public and professional awareness and information sharing, the need for case management and interagency and interprogram cooperation, and the need for more complete and more comprehensive services for children and families substantiated many of the findings of A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts.

The development of directories of locally available state and federal entitlements and resources, available service programs and glossaries of early childhood terminology were originally conceived as secondary project priorities. Now, in retrospect, they appear to be the most locally useful and long lasting effects of the Early Childhood Project. Personnel who received copies of these materials reported using them frequently and finding them extremely useful. Future planning and coordination projects will do well to concentrate a good deal of their time and resources on similar efforts which produce an immediate locally useful, tangible product.

In addition to the needs assessments and directories, both sites also conducted studies of birth and demographic characteristics which might prove useful in predicting the need for social service intervention among high risk and general populations. These preliminary studies have uncovered a fertile field for further studies. If the data collection and reporting functions of state social service agencies can be standardized and carefully and thoroughly conducted, it may be possible for local agency planners to more accurately prepare to meet the needs of their young consumers and their families. For example, studies which correlate demographic and socioeconomic factors with handicapping conditions and special educational needs could prove useful in the apportionment of available services and resources across the commonwealth.

5. Parent Participation

Standard: There should be active parental involvement throughout the planning process. Administration of the planning process should provide for:

- full advance information to the parent(s) regarding mutually agreed upon times, purpose of meetings, process of meetings and the parental role of the meeting;
- transportation and babysitting services;
- interpreter to provide information in the native language or mode of communication when necessary; and
- active parent involvement in the deterination of all program decisions.

Findings: The sites developed plans for incorporating parents in all aspects of a child's program plan. However, due to the fact that multiagency assessment teams were not organized until the end of the project, it was impossible to implement and test out these activities. Both projecs did, however, have a strong commitment to the role of parents in the service system. At both sites efforts were made to involve parents in project planning committees. It became readily apparent that parents of handicapped children, and particularly parents of very young handicapped children, have little flexible time. If programs hope to have strong parental involvement in a child's service plan, or if programs hope to solicit parents for project committees they must be prepared to be flexible in terms of their demands and supportive of parents' needs.

6. Technical Assistance and Inservice Training

Standard: Technical assistance should be provided to programs which serve preschool age children with special needs. The state plan further recommended that...the local planning and evalution team assume the responsibility to:

- inventory existing technical assistance and inservice resources;

- review needs assessments of the participating agencies;
- develop guidelines to ensure quality of technical assistance and inservice; and
- develop a mechanism at the local level to pool all existing technical assistance and inservice training programs, such as the Area Strategy Planning Team.

Findings: The Birth to Six Project and the E.C.C.O. Project both identified a strong need for technical assistance through their needs assessments. Both sites inventoried existing technical assistance and inservice resources and determined that many resources existed but that they were not coordinated and that they lacked sufficient public awareness. To some degree, project newsletters developed at each site served as a means of bringing available technical assistance and training resources to the attention of programs in need of these services. Programs in both sites reported having learned of valuable resources through the newsletters.

The matching of local technical assistance and inservice resources with local program needs requires considerable coordination and public awareness that can best be developed gradually, building on the existing service networks. The objective of meeting the technical assistance effort by a lead agency or training consortium to 1) inventory resources and needs; 2) serve as a broker of available services; and 3) work to provide or secure missing technical assistance and inservice needs.

7. Other Findings

The two sites had significantly different organizational structures and as a result, encountered a somewhat different set of obstacles in setting up their respective early childhood networks. The Birth to Six Project in the Brockton area was placed within an existing administrative structure (the Brockton Area Human Resources Group, Inc.), while the Early Childhood Coordination Office (E.C.C.O.) in western Massachusetts required the creation of an administrative structure to carry out project activities.

At the western site, problems related to participating agencies assuming responsibility for various components of the project had to be dealt with at the same time that the project was attempting to hire staff, set up an office, develop reporting procedures, etc. A good deal of the first year was spent on these organizational issues. Because all policy rested with an executive committee made up of participating agency representatives, no project activities could be carried out until a consensus was reached. By the same token, when an activity was begun there was a strong commitment to see it through and, if appropriate, to adopt it as agency policy.

The Birth to Six Project in eastern Massachusetts dealt with a different but equally difficult set of problems. At this site, the project staff were part of a recognized social service entity. Activities recommended by the State Planning Group could be begun or directed by in-house staff without securing approval for each decision from the local agencies. This meant that plans could be designed and then presented to local agencies, which could then agree or not agree to certain roles or responsibilities. It was at the stage of securing agency agreement and "ownership" that the Birth to Six Project encountered their most significant difficulties.

The approaches of the sites provided an opportunity to test two very different methods of area level coordination. Unfortunately, federal funding for the field test was significantly reduced for the second year, resulting in the discontinuance of the western site. At the close of the first year, participating agencies at both sites agreed to maintain and build on many of the activities they had begun. In western Massachusetts, agency representatives agreed to continue to meet informally to determine what activities they could pursue without an external funding source. Brockton project staff and participating agencies agreed on a set of second year objectives based on the first year field test results. The second year efforts of both projects are presented in the next section.

III. SECOND YEAR FIELD TEST ACTIVITIES

A. The Brockton Project

This section of the report presents findings associated with seven project objectives set out in January and February 1980. The specification of goals and related activities under each of these objectives were the result of four factors. First, and most important, while the proposed activities for the second year were approved for funding by the Bureau of Education for the Handicapped, the funding was at a significantly reduced level. As originally proposed, the second year of the Implementation Grant was to include a field staff at two sites and a major third party evaluation. With the reduction in funding, the Massachusetts Department of Education made the decision to terminate activities in the western site and reduce the level of the eastern site to one full-time project coordinator plus related travel, consultant and dissemination expenses. In addition, the responsibilities for coordination of the project with the Early Childhood Office in Boston and the project evaluation were assumed by state positions with a private evaluation firm providing technical assistance.

This reduced level of funding and the alteration of the staffing pattern necessitated a reappraisal of the proposed activities. It became imperative to focus attention on those areas which promised the greatest return both to the project sponsors and to the client and service populations of the remaining site.

A second major factor influencing the delineation of project activities resulted from the delay in the award of a contract. The delay was caused by the need to renegotiate all contracts in light of the reduced level of funding. While attempts were made to maintain the level of involvement of local participants, some momentum was inevitably lost between the end of the first year (August 31, 1979) and the beginning of the second (October 25, 1979). Additional time and resources were then necessarily expended on reorganizational activities involving participating agencies. This meant, for example, that activities planned for the fall school period would need to be rescheduled for spring and plans for the spring period would, in probability, be eliminated.

A third factor influencing the choice of activities involved the results of an analysis of the first year activities. From the final reports of each field test site and from the third party evaluators it became apparent that some aspects of the service delivery system required differential amounts of attention. Individual program planning and the direct provision of service, for example, appeared to be less of a problem than originally anticipated. The expected need for multiagency assessment teams (MATs) was not evidenced. Training and technical assistance to the private sector (pediatricians, day care centers, community groups, etc.), on the other hand, appeared to be an important area for improvement. Each of the standards and activities undertaken in the first year, then, was subjected to reconsideration.

The general consideration here was the ability or willingness of participating area agencies and programs to assume responsibility for project components. While a particular approach or standard stipulated in the state plan may have had significant merit, its inclusion in the second year activities could not be justified without some indication that the local community was prepared to support it. If, for example, no means existed to collect information for a central registry, then resources expended on this activity, given the reduced funding and time line, would not have been appropriate.

The following section contains a brief explanation of the changes in project goals and activities and a series of findings related to the execution of specific activities.

OBJECTIVE 1: Public Awareness

Based on findings from the first year of the field test, a number of activities were set forth in the proposal for a second year of funding. The public awareness activities proposed for the second year were:

- To develop a clearinghouse for the public to write to or call;
- To develop an advertising/outreach campaign;
- To identify specific target constituencies for public awareness;
- To develop constituency specific materials;
- To initiate a child search campaign for birth, 18 months, 3 years, and 5 years;
- To determine an agency within the field test site which would assimilate public awareness activities; and
- To facilitate statewide distribution of materials for public awareness.

Due to a reduced level of funding and some delay in the project start up for the second year, it was necessary to make modifications in these proposed activities. At the initiation of the second year evaluation, the public awareness goal and related activities appeared as follows:

Goal: To conduct a comprehensive ongoing public awareness campaign that addresses normal growth and development, advantages of early diagnosis and intervention and community services available.

Activities:
- Institutions of referral log in selected agencies in order to determine how individuals learn of agency;

- Distribution of a periodic development newsletter (Pierre the Pelican) to new mothers through Board of Health in Brockton and Holbrook;
- Wide distribution of first year Resource Directories to pediatricians, service agencies and libraries;
- Monthly distribution of a project newsletter (Developments);
- Conduct workshops with the Brockton and Holbrook Public Schools aimed at providing day care and nursery staff with information concerning the special needs pre-schooler;
- Determination of an agency within the field test site to assimilate public awareness activities; and
- Development of a manual to facilitate replication of a resource directory.

Findings:

a) Two workshops were conducted in collaboration with the Holbrook and Brockton Public schools. The workshops entitled "Helping Young Children with Behavior Problems," were attended by 93 individuals representing 17 day cares, nurseries, and other organizations. Both participants and sponsors felt that the workshops were very successful. All participants who responded to a workshop evaluation questionnaire indicated that they would be interested in attending future workshops. An additional workshop for the coming year is currently being designed.

b) A data collection form was distributed to selected agencies in an effort to determine how referrals are made to agencies. During the latter part of the spring it became evident to the Birth to Six Project staff that agency personnel were not completing the forms as originally agreed. As a result of this, project staff made the decision to discontinue this data collection activity.

c) The Brockton Board of Health agreed to assume responsibility for the distribution of "Pierre the Pelican," a periodic developmental newsletter. "Pierre the Pelican" consists of a series of information sheets designed to be given to new mothers shortly after birth with subsequent mailings at intervals during the child's first years. At the present time the Brockton Board of Health has initiated mailings and the Holbrook Board of Health has contracted to begin mailings shortly.

d) The Resource Directory was distributed to agencies, pediatricians' offices and libraries. In subsequent interviews, many pediatric personnel and agency staff expressed the opinion that the resource directory was the most visible and most valuable outcome of the Early Childhood Project. Staff in doctors' offices and agencies reported using the resource directory frequently.

e) "Developments," the monthly newsletter of the Birth to Six Project, was not produced between September and December of 1979. It was, however, produced and distributed in January, February and April of 1980. The majority of agency staff interviewed reported the contents of the newsletter to be valuable. In many cases, agency managers and directors receiving "Developments" either posted it in the agency or routed it for staff to read.

f) At the present time no local agency has been identified to assume the responsibilities for a coordinated public awareness campaign.

g) Birth to Six staff developed a manual to be used by parties interested in replicating the Birth to Six Resource Directory.

h) Pediatric and medical community professional awareness became the primary public awareness focus for the second year. Project staff met with pediatricians, pediatric nurse practitioners, nurses, and office staff of nearly all pediatric practices in the Brockton Area. Initial contacts were made through presentations at monthly meetings of local pediatricians with the expressed purpose of distributing the Resource Directory. Subsequent visits and follow-up phone calls were then made to encourage offices to perform routine standardized developmental screenings on all patients and to use local resources as referral options. Interviews conducted with pediatricians, nurse practitioners and office staff indicated that the greatest impact had occurred in the area of community resource utilization. Doctors and nurses reported making frequent use of the Resource Directory and of feeling more confident about interacting with the public service sector and using public service agencies as points of referral. The interviews provided no evidence that any office had made changes in either the number or method of pediatric screenings.

i) Attempts to have doctors' offices report their referral pattern proved unsuccessful.

j) Birth to Six staff developed a manual to be used for replication of professional awareness activities in the pediatric community.

OBJECTIVE 2: Screenings

After the first year of the project the stated objective remained relatively unchanged. The proposal for a second year of funding reflected consideration of how to implement the objective, suggesting that

> *children in the demonstration site be screened at birth, 18 months, 3 years, and 5 years.*

Identification of age groups most in need of screening was seen as the initial step in reaching this goal. An "ongoing, well established and supported" local screening process was envisioned. A local agency, according to the second year proposal, would be selected as the lead agency to "enable ongoing collaboration in the screening efforts."

By May 1980 the Human Resource Group had decided to concentrate on screening activities which could be most effectively implemented. The revised goal and activities included:

Goal: To implement a systematic process of screening from birth to six years of age in order to identify special needs.

Activities:

- Maintaining a central register of children born in the Brockton-Holbrook area to be used to develop a program of periodic screening;
- Providing information on screening to day care providers through workshops;
- Encouraging standardized developmental screening and referrals by pediatricians.

Findings:

It was eventually determined by the Human Resources Group that objectives in areas other than screening could be more effectively met. Consequently, screening activities were restricted to the following:

a) Workshops were held for day care centers. Information on screening and referral for screening was provided. These workshops may have increased awareness of the need for screening, but they appear to have had little impact on screening procedures. Questionnaires and interviews indicate that day care centers continue to refer children who may need screening almost exclusively to one facility.

b) The distribution of the Resource Directory provided agencies with better knowledge of available screening resources.

c) Meetings with pediatricians and pediatric staff stressed the need for regular developmental screening and provided information on available assessment and treatment resources. Interviews indicated little change in screening procedures as a result of those meetings. However, most offices found the Resource Directory and information on area resources presented at the meetings useful.

d) Meetings of the Birth to Six Committee and public awareness activities promoted greater awareness among agency personnel of screening resources.

It is clear that these activities were less extensive than the comprehensive and periodic screening called for in the original plan and the second year proposal. The stated objectives and the actual activities differed in several areas:

- No systematic, ongoing screening process was developed;
- A mass screening process was not instituted;
- A local lead agency to coordinate screening efforts was not selected; and

- The city of Brockton decided not to cooperate with the central registry project. Although the Holbrook Board of Health has begun to collect central registry information the data will only be used internally for their "Pierre the Pelican" program.

OBJECTIVE 3: Assessment

The assessment activities specified in the second year implementation proposal were designed:

- To specify agreements for local assessments;
- To examine and document congruence between the original standard and the local system;
- To examine the feasibility of a single entry point for all assessment;
- To document protocols and processes for replication;
- To complete development of and testing of the Multi-agency Assessment Team (MAT) concept;
- To document protocols for replication; and
- To examine costs associated with the MAT concept.

The final assessment goal and associated activities as of the final program negotiations conducted in the spring of 1980 consisted of:

Goal: To provide for the assessment of all children referred for suspected special needs.

Activities:
- Select agency to coordinate MAT;
- Conduct MAT meetings;
- Examine and modify the MAT structure process and procedures as appropriate;
- Document MAT protocols for replication;
- Select agency to "host" MAT;
- Encourage doctors and agencies to refer out more children for assessment;
- Make doctors and agencies more comfortable about using local assessment options;
- Provide doctors and agencies with information about local assessment options.

Findings:

a) No agency has been identified to serve as coordinator of the MAT or to be host for MAT meetings.

b) No MAT meetings were held during the second year evaluation period.

c) A manual describing the purpose and protocols of the MAT process was developed by the Birth to Six staff.

d) No evidence of an increase in referrals was found.

e) Some doctors (and office staff) learned of accessible local assessment resources through the Resource Directory and visits by the Birth to Six staff.

f) Some agencies reported that the quality of assessments and assessment reports had improved. One school system, for example, reported that they were able to significantly reduce duplication of assessments because assessments done prior to school enrollment were both appropriate and complete, thus facilitating the development of an IEP.

g) Some agency staff believe that children are now being referred for more subtle special needs.

OBJECTIVE 4: Program Delivery

Prior to first year funding, the state planning group stated that there was a need

> *to develop a system which assures that the total resources for service delivery within a community will be utilized in the most coordinated and efficient manner. This system should include the provision of comprehensive, individually appropriate services for children with special needs in the least restrictive environment. Such a system necessitates a continuous array of supportive services to primary care providers (parents and/or others).*

In the proposal for second year funding, the activities considered under program planning included:

- Development of an interagency IEP;
- Update of present Resource Directory;
- Determination of fiscal/regulatory contraints on resources;
- Development of a case management training program;

- Development of a staff training manual;
- Documentation of program delivery activities for replication; and
- Documentation of interagency agreements concerning program delivery.

As was the case with previous objectives, it became necessary to modify program delivery activities in light of the reduced funding and the restricted time line. The goal and activities for the second year included:

Goal: To provide for the placement of all children needing special education services in the least restrictive environment

Activities:
- To increase local efforts to broaden and strengthen program options for 3-5 year old children;
- To improve interagency cooperation;
- To develop individual service plans for the 0-3 population which could be used by the MAT;
- To share program changes through "Developments," the monthly newsletter; and
- To update the Resource Directory.

Findings:

a) Headstart has concluded an agreement with the Department of Education which encourages the use of Headstart slots as a program option for special needs 3 to 5 year old children.

b) A new program involving the Visting Nurses Association and Brockton Headstart was created for parents and children with less severe speech and hearing needs.

c) Many agency personnel are exploring existing program options that were unfamiliar prior to the Birth to Six Project.

OBJECTIVE 5: Financing Arrangements

The following goal and activities formed the basis for the evaluation of the financing arrangements objective.

Goal: To provide alternative financing arrangements which expand upon formal arrangements already in place and which specify agreements concerning which service providers will furnish or pay for services to designated populations.

Activities:

- Delineation concerning which agencies will finance components and under what conditions;
- Specification as to how agencies can redeploy material and personnel;
- Specification as to conditions for third party payments;
- Dissemination of information to parents concerning eligibility requirements for various services; and
- Analysis and documentation of costs to the Early Childhood system's participants (private and public service providers and parents).

Findings:

a) The State Department of Education and the regional office of Headstart have concluded an agreement which specifies conditions under which a school district will use a Headstart setting as a program option for 3-5 year old special needs children and will assume the associated costs.

b) No agency personnel were contacted this year by the Birth to Six Project concerning the determination costs or the present pattern of financing arrangements.

c) Agency personnel reported having more success related to paying for services as a result of information contained in the Resource Directory and as a result of informal contacts made during the two years of the project.

d) Multiagency Assessment Team meetings, which were to have been the basis for investigating alternative financing arrangements, did not occur during the second year.

e) No documents concerning the costs to local participants have been produced.

f) No materials were developed for local agencies to use in making financing arrangement decisions.

g) No formal written agreements were developed at the local level concerning either who will pay for which components or how agencies will redeploy materials and personnel.

OBJECTIVE 6: Replication

Replication as a program objective was not included in the first year of the field test. The feasibility of replication was originally designed to be a major component of second year activities based on the results of the first year analysis. The second year proposal called specifically for:

- The development of a series of manuals describing the process and procedures involved in the replication of the project components in a similar locality;
- The provision of technical assistance to the communities interested in developing Birth to Six Project activities; and
- Expansion of the geographic representation of the Birth to Six Project to include other towns within the Brockton Standard Metropolitan Statistical Area (SMSA).

At the initiation of the second year evaluation the goal for the replication objective and the activities related to the goal were:

Goal: To document the processes and procedures for replicating the system on a statewide basis.

Activities:
- Development of a MAT operations manual;
- Development of a Client Pathway Manual; and
- Development of a general Replications Procedures Manual.

Findings:

a) The Birth to Six staff developed a Multi-agency Team Operating Manual.

b) The Birth to Six staff developed a Resource Directory Development Manual.

c) The Birth to Six staff developed a Pediatricians Training Manual which describes the provision of technical assistance and training to the pediatric community around the use of public service systems concerned with the birth to six population.

d) An anecdotal log was maintained by the Birth to Six Project director. This log was used to record decision points, reasons for shifts in project activities, and problems encountered during implementation.

e) The Birth to Six staff developed a System Pathway Handbook for Screening and Assessment Functions.

OBJECTIVE 7: Assimilation

Assimilation, like replication, was not specified as a first year objective. As originally designed formal assimilation activities were to begin with second year funding. The proposal for second year funding set forth the following activities relevant to the assimilation objective:

- The development of formal written agreements with local agencies and programs to assume responsibility for the continuation of specific Birth to Six Project components;
- The selection of a lead agency to oversee a child tracking system, screening, assessment, MAT;
- The provision of aid to local agencies in screening additional funds necessary for the new responsibilities; and
- Securement of central office support for the continuation of the activities in the Brockton area.

The revised goal and related activities specified for the replication objective were:

Goal: To develop a mechanism that assures assimilation of the Early Childhood Network into the local service area and which takes into account the local configuration of resources.

Activities:
- The provision of training and technical assistance to local providers as needed for the agency's assimilation of specific activities; and
- Agreements between the Birth to Six Project and local providers specifying the roles to be assumed.

Findings:

a) Birth to Six staff trained local agency personnel and medical staff in the use of local resources and the methods associated with using the MAT process.

b) The Birth to Six Committee has agreed to continue to meet at least quarterly after the termination of the Birth to Six Project.

c) The Brockton and Holbrook Boards of Health will continue to distribute "Pierre the Pelican."

d) Local Office for Children has agreed to sponsor quarterly Birth to Six Committee meetings.

e) Department of Education, through its regional offices, will develop regionally based Early Childhood Resource Directories.

f) Many agencies and programs expressed concern about the likelihood of continuing most project activities without Birth to Six staff members.

B. Early Childhood Coordination Office Follow-up

The western site (ECCO) did not receive a second year of funding and terminated formal Early Childhood Project activities on August 31, 1979. Individuals representing the participating agencies responsible for early childhood services in the three county ECCO area agreed, however, to continue to meet and try to coordinate their efforts to help special needs young children and their families.

1. Franklin/Hampshire Catchment Area

In September 1979 individuals who had been involved in the ECCO project convened a meeting and invited anyone with an interest in the provision of services to special needs young children. The enthusiastic turnout for this meeting may be testimony to many of the efforts of the ECCO project. It is unlikely, for example, that a group as divergent (over 30 individuals representing the Department of Mental Health, Public Health, Public Welfare, local school districts, the medical community, colleges, private providers and parents) as this group was would have come together to coordinate area strategy without the history of successful interagency negotiations and planning provided by E.C.C.O. In addition, the E.C.C.O. newsletter and public awareness efforts may have heightened people's awareness of and interest in many of the issues surrounding early childhood services.

By the end of the meeting the group had formed into three committees: prevention/public awareness; screening; and, follow-up (services delivery). These three groups continued to meet with varying degrees of regularity between September 1979 and August 1980. During the spring and summer of 1980 the prevention/public awareness committee and the screening committee consolidated their efforts in order to design, plan and conduct a comprehensive clinic-based health and developmental screening for children birth to three years old. Public awareness activities for this screening included preparing and implementing newspaper, radio and poster campaigns as well as using many local agencies and programs as sources of referral. The prevention/public awareness committee was aided in these efforts and in an effort to document successful strategy by local university students.

During the same period, the screening committee was designing procedures and protocols, securing a facility, materials, and laboratory services. The net result of all these efforts was a one-day screening during which 20 youngsters were screened with six of them later being referred for some form of follow-up. It should be noted that the number of children screened on this day approaches the total number of children screened at either site during the previous year (E.C.C.O. = 27; Birth to Six = 25).

A number of recent activities may be directly attributable to the success of this effort. A local hospital has expressed an interest in joining future screenings and has even pledged a small amount of financial assistance; a second screening committee composed primarily of special education directors interested in three and four year old screenings has

been formed and is planning screening activities for the fall; and the original screening committee has committed themselves to another screening effort, this time aimed at the rural population of Franklin County.

In separate but related activities, the various committees have been investigating methods of bridging the gap between the medical and social service communities, and have attempted to update the E.C.C.O. Resource Directory and make its format more appropriate to families rather than service providers. All of these efforts, it must be remembered, have been accomplished without the aid of a staff, funding, or central office support.

2. Holyoke/Chicopee Catchment Area

In the Holyoke-Chicopee area planning after the first year involved more agency and program collaboration than large scale individual participation. A planning committee representing local providers was organized in the early fall but by spring had discontinued formal meetings. The emphasis in the Holyoke/Chicopee area centered on improving collaboration between the major service providers. Representatives of the Early Childhood Service Team (DMH), the Chicopee Board of Health, the Granby School Department, and the March of Dimes each agreed to contribute staff and resources which supported three screening events. Two screenings were conducted in Chicopee and a third screening for birth to three year old children was held in conjunction with the Granby entry to school screening. Again, as was the case with the Franklin/Hampshire group, this one-day coordinated screening reached as many children as the better funded and more directed screening efforts of the previous year (26 children as opposed to 27 the previous year).

A second area of effort for the Holyoke/Chicopee area has been the development of a network linking the Departments of Public and Mental Health and the Skinner Speech and Hearing Clinic at Holyoke Hospital. This cooperative network serves two roles. First, the team members comprise the expertise to assess the child's needs and design an appropriate program to meet them. Secondly, as representatives of three of the major service providers, these team members are able to negotiate case management issues and fiscal responsibility for a child, thereby sparing the parents much of the confusion, red tape, and anxiety commonly associated with identifying and treating handicapping conditions. While differing significantly in structure and procedure, this team comes close to meeting the objective of the multiagency assessment team proposed by the Early Childhood Planning Group and field tested at the two sites.

C. Current Issues

Thus far this report has presented an historical and evaluative view of the Early Childhood Planning Group's field test of A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts. The development of that plan and its subsequent field test, however, have taken place in the larger human service and political environment. The assessed failures and successes of the Plan must be viewed in light of the larger structure and issues relevant to the delivery of

services to young children. Likewise, any attempt to apply findings from this three-year effort must consider the present and potential environment within which changes would take place. For these reasons the Early Childhood Project of the Division of Special Education, Massachusetts Department of Education, requested that the evaluators interview selected individuals who could provide information concerning the social and political considerations which affect the delivery of services to young children.

Personal interviews were conducted with individuals representing the following thirteen agencies and programs:

- Massachusetts Developmental Disabilities Council;
- Massachusetts Department of Mental Health, Children's Services;
- Massachusetts Department of Mental Health, Early Intervention Services;
- Massachusetts Department of Public Health, Services for Handicapped Children;
- Massachusetts Department of Public Health School Health Services;
- Massachusetts Department of Education, Division of Special Education;
- Massachusetts Department of Education, Mass Child Search;
- Massachusetts Office for Children, Division of Day Care Licensing;
- Massachusetts Department of Public Welfare, Chapter 766 Reimbursement Program;
- Massachusetts Department of Public Welfare, Project Good Health;
- Administration for Children, Youth and Families, Northeast Region for Project Head Start;
- Massachusetts Legislative Committee on Education, Congressional Research Staff; and
- Children's Hospital, Child Development Unit.

While the individuals interviewed in most cases occupied policy level positions, the purpose of the interviews was stated to be an examination of the structure and issues surrounding early childhood from their perspective, which need not necessarily reflect the current official policy of their agency. Formal policy is available from each agency's regulations and numerous publications. Rather, we sought to elicit information about non-documented current issues from these people (i.e. policy makers and planners) who deal with the issues on a daily basis.

The interview focused on seven points:

- Whether or not the individual was familiar with the work of the Interagency Planning Group;
- A description of the services provided and the client population;
- Changes in agency policy since the initiation of the field test;
- The important issues which need to be addressed in order to improve services to special needs young children;
- Anticipated federal or state changes which might affect the delivery of services;
- Views concerning various service categories (e.g., public awareness, screening, case management); and
- The role of private (pediatrician, day care) providers of services.

A summary of responses for each of these areas is presented below.

1. Familiarity with the Early Childhood Planning Group

Each person was asked whether or not they were familiar with the Planning Group or the Plan. Seven of the 13 respondents (54%) had at least heard of either the group or the Plan. Conversely, 6 individuals (46%) directly concerned with the provision of services to special needs children had no knowledge of either the group or the Plan. This would seem to substantiate the claim that there is a lack of communication and sharing between programs throughout the state.

2. Services Provided by Respondents

Respondents were asked to briefly describe the services offered by their program and to describe their client population in terms of age, financial eligibility requirements, and categories of handicapping condition. Most agencies provide a broad range of services to their clients although some like Mass Child Search are limited to a small number of clearly defined objectives (i.e. public awareness and identification). Most agencies are not specifically mandated to provide their services and eligibility for service is usually based on a combination of financial ability and service needs. Four agencies (DMH Early Intervention, Head Start, DPW Project Good Health, and OFC Day Care Licensing) limit their services to young children. Most programs are open to all children birth to 21 who meet the appropriate financial and service need criteria. The lack of complementary client populations appears to be another constraint to interagency planning.

3. Recent Policy Changes

In order to contribute to a clearer picture of the present service system, each interviewee was asked to report any policy shifts or changes within their own agency which might effect the coordination of services. In response to this question an official of the Department of Education reported that the Department as a whole had identified early childhood as one of its primary foci, not only in terms of special needs children but for all young children. In accordance with this focus, the Department will be increasing its involvement in interagency coordination efforts.

Representatives of the Department of Public Health reported no policy changes but said that the Department was undergoing a significant reorganization which may result in new policies concerning its responsibilities in the area of early childhood and its role in interagency coordination efforts.

Project Head Start noted the recent agreement between itself and the Massachusetts Department of Education concerning the use of Head Start slots as appropriate special education placements as a significant positive change.

Project Good Health reported recent changes in the federal EPSDT regulations which govern Project Good Health. These regulations require that state agencies not limit the number of children going through screening. This will impact a current non-compliance suit (trial set for November) pending against the Department of Public Welfare.

The Office for Children and the Department of Social Services have jointly developed a pilot sliding fee scale project for day care services.

4. Anticipated Changes

Each person interviewed was asked to list any anticipated changes either on the federal or state level which would effect the delivery of services to young children. The responses suggest that this is a crucial time for planning in this area. Some of the elements which should be planned for include:

- Massachusetts Department of Public Health will undergo a significant reorganization including a permanent evaluation and monitoring system for all its programs;
- The Federal Interagency Day Care Requirements of 1968 (FIDCR) are scheduled for revision by Congress in October. It now appears that this will be delayed until 1981. This may impact both OFC and DMH.
- Massachusetts Rate Setting Commission is considering changes in Chapter 766 reimbursements.

- In light of the climate of belt tightening of the federal and state level, the only education related bills likely to reach the house will concern restricting or limiting expenditures. Reconsideration of Chapter 79, the statute governing schools funds and state aid for public schools, is likely, in light of the growing dissatisfaction with the current distribution formula which is felt to place too heavy a burden on local school districts

- The operation of the new Department of Social Services as of July 1, 1980 will require reconsideration of some interagency agreements and interagency planning.

- Project Good Health, DPW, will go on trial in November as party to a non-compliance suit. Any consent decrees resulting from the trial may have significant impact on screening, assessment and treatment services for low income families.

Taken together, these impending changes warrent careful consideration by any future interagency planning groups.

5. Important Issues

During the interviews, individuals were asked an open-ended question considering their perceptions of some of the most significant issues which need to be addressed in order to improve services to young children. The question elicited 34 separate issues from the 13 respondents. Even though the question was phrased in a totally open manner, a number of very similar issues arose.

Increased public and professional awareness of normal growth and development and of the need for early intervention was cited by a majority of the respondents (62%). Of equal importance to many people was the need to clarify and standardize definitions, regulations, licensing, and delineation of agency responsibility including "lead" agency status (62%). The third most often cited cluster of issues concerned interagency collaboration (31%). Finally, the need for increased funds was cited as a need (15%).

Issues which did not fall into these clusters included:

- more integrated services for handicapped children;
- more respite care;
- training for families of handicapped children;
- more preventive services for birth to three year olds;
- more infant day care;
- more services [illegible]vices to families of children in day care;

- increased family focused services;
- utilizing resources made idle by declining school enrollment; and
- increased continuity of services.

6. Early Childhood Services

After interviewees reported their most important issues they were asked to consider a list of specific services in terms of (1) the relative importance of the service to a focus for future planning; (2) the locus of responsibility (i.e. single agency, interagency, federal, state or local); and (3) whether or not the specific service should be mandated. A summary of the respondents' impressions of each service type is presented.

a) *Public Awareness:* The majority feel that this was a high priority area for any future planning. They indicated that the responsibility for public awareness must be shared and that it would be most effective at the local level. People were evenly split on the advisability of mandating public awareness.

b) *Screening:* Screening was also identified as a priority area by a majority of the respondents. The responsibility was often interagency, involving DMH, DPH and Education. A majority felt that a mandate would be helpful.

c) *Assessment:* Assessment was seen as a significant but relatively less important area for planning. The responsibility for assessment was felt to rest with various agencies and the private sector. Many expressed a need for central office or lead agency coordination of local efforts.

d) *Individual Program Development:* The development of IEPs and ISPs was suggested as an area of high priority for future planning, particularly in attempts to standardize formats and procedures across agencies. Most felt that the responsibility was interagency and that a mandate was necessary to facilitate it.

e) *Case Management:* There was almost unanimous agreement on case management as a high priority for planners, particularly for the birth to six population. Case management responsibility should rest with either the agency of primary involvement or the parent if proper training and support can be provided, according to many people. People were evenly split on the question of a mandate and most felt that case management had to be a local issue.

f) *Fiscal Assistance:* This area was seen as one of moderate priority for planning. It was one of the five areas of near consensus, with most people feeling that DPW central offices had the responsibility and eligibility should be clearly mandated.

g) *Advocacy:* Advocacy was a low priority area for many, with most people feeling satisfied with current advocacy efforts. The focus of responsibility was seen as resting with many private and public groups. Most felt that a mandate for the public sector was necessary to insure an appropriate level of funding.

h) *Technical Assistance:* People were generally split on the need for planning around technical assistance, with some giving it top priority and others placing it near the bottom. An interagency responsibility was seen as most appropriate and most were unsure about mandating it.

i) *Inservice and Preservice Training:* This category was generally felt to be a high priority area appropriate to interagency coordination coming from DSS or DOE or the Board of Regents or the EOHS Task Force on Training and Retraining. A mandate was felt by most to be useful.

j) *Private Sector Roles:* The final question asked of each agency representative concerned the roles of the private sector in a future early childhood service system. All interviewees agreed that pediatricians, day care directors, visiting nurses, private foundations and private providers must be considered in any system of services for young children. Most indicated a need to involve representatives of these groups at both the state and local levels. While there was some disagreement and uncertainty about the representatives of the private sector's role in setting state policy, most individuals agreed that some clear standards were required as well as an adequate monitoring system. A commonly expressed view involved the private sector providing the majority of direct assessment and treatment services through purchase of service (POS) agreements while the state provided preventative and support services and took responsibility for overall monitoring and coordination. A number of people suggested that general standards could be set at the state level but that any delineation of roles would have to occur at the local level and would most probably vary from area to area depending on local needs and the kinds and amounts of private resources available. One area for particular consideration appears to be record keeping coordination and information sharing. This implies the need to deal with the issues of confidentiality and clients' and programs' rights to privacy.

The role of the private sector in any future system is a difficult and complex issue, but one which needs to be addressed if the present situation of duplication and fragmentation is to be improved upon.

D. Summary of the Field Test Findings

For the past decade the Commonwealth of Massachusetts and its human service agencies have shown increasing interest in providing quality services for its youngest citizens. The growing interest in early childhood and early intervention coincides with numerous studies supporting the value and cost effectiveness of identifying and treating potential handicapping conditions at the earliest possible age (Bronfenbrenner, 1974; Lazar and Darlington, 1979).

In 1977, at the invitation of Massachusetts Department of Education's Early Childhood Project, a group of policy level representatives of various state agencies and other groups met to analyze the early childhood service system. This Early Childhood Planning Group developed a set of standards for service delivery, examined the current service system in light of these standards and produced a series of recommendations which included the field test of an interagency coordination effort based on the standards. From June 1978 until the present, their report, A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts, has been the guiding structure for activities carried out in western Massachusetts by the Early Childhood Coordination Office and the Birth to Six Project in eastern Massachusetts. These two pilot projects carried out, with varying degrees of success, a series of activities concerned with public awareness, screening, assessment, program planning, service delivery, technical assistance, and preservice and inservice training.

Some of the most significant issues to arise during the field test involved multiagency planning at the local level. Staff at both sites reported a reluctance on the part of many local agencies to formally assume the responsibility for various aspects of the Plan, claiming that either there would be a flood of service demand which would swamp their resources or that they would eventually be asked to assume responsibility for the entire project. As a result of this reluctance, and because of the complexity of this type of planning, both sites found that most of the first year had to be spend designing and negotiating roles for participating agencies, leaving an insufficient amount of time to fully test the recommendations of the Plan.

Among the standards tested, the staff at both sites found different degrees of consumer need. Efforts aimed at public awareness, technical assistance and training such as newsletters, resource directories and workshops produced a response and demand often beyond expectations. Screening activities, while sometimes difficult to coordinate, proved moderately successful and show great promise if long term interagency agreements at the local level can be negotiated. The areas which proved least successful during the two year trial were the direct service components of assessment, program planning and service delivery, which came under the auspices of the multiagency assessment team. Repeated efforts to call together an MAT for a specific child were cancelled when the child's problems were resolved through an informal network between service providers. It appears now that the structure and processes of MAT placed an additional rigid structure upon an existing comples service system. Rather, what appears to have been needed was an ancillary or support mechanism which complemented the particular local service organization configuration.

Both sites also reported a need for central office support of certain of the recommendations outlined in the Plan. They found, for example, that they lacked many of the resources to establish a clearinghouse or comprehensive public awareness campaign. In addition, they felt that much of the reluctance on the part of agency area directors would have been eliminated if their central offices had shown more support of such area activities.

Another element which arose from the field test was the tremendous need to consider the private provider in this kind of project. At the Brockton site, staff found that 64% of all services are provided by the private sector. In the western Massachusetts project, staff found that the success of a comprehensive screening component for birth to three year old children was highly dependent on the support and involvement of area pediatricians, nurses and hospitals. They quickly discovered a significant degree of misunderstanding and mistrust between medical service providing and social service providing communities. As a result of similar findings at the eastern site, the Birth to Six Project in Brockton identified professional awareness and technical assistance to the medical community as the number one priority for the second year. A major finding of the second year evaluation was that the professional awareness and technical assistance efforts had contributed to a more cohesive and effective service system which has vowed to continue building on this success after funding ends.

Finally, while it is too early to predict the degree of assimilation which will occur at the Brockton site after the termination of funding, the success of efforts in western Massachusetts should prove encouraging to Birth to Six staff. In three counties of western Massachusetts public awareness activities including a revised resource directory and a media campaign for screening, four successful screenings, and a series of interagency agreements have been accomplished with no visible funding source and no central office or state level support.

IV. A REVIEW OF RECENT STUDIES

Other sources of information which reflect aspects of the current condition of the early childhood service system in Massachusetts include:

- The third party evaluation of the field test conducted by Logos Research Institutes and entitled "Evaluation of Field Test Sites for Coordinated Interagency Services for Children with Special Needs in Massachusetts," September, 1979.

- A concept paper developed by Logos Research Institutes for the Department of Social Services entitled "Coordinating Social Services for the Birth to Three Year Old Child," March, 1980.

- A report by the Cambridge Workshop entitled "Children in Transition: A Study of the Provision of Early Intervention Services in Massachusetts," August, 1980.

- Interviews conducted for this study and presented in Section III-C of this report.

The major findings and implications of each of these sources are presented below.

A. The Third Party Evaluation

Logos Research Institutes, in their final report, identified five major issues which cut across all elements of the coordination effort. They are:

- There are different service requirements for children ages birth to three and children ages three to six. These differences are significant enough to effect all planning for service provision and include substantially different providers and necessary services.

- Case management emerged as an overriding issue. Basically, services seemed to be available for children with special needs, but access to those services was often a major problem. Coordination of service issues ultimately devolve to case management issues at the local level.

- Lead agency considerations impacted upon the willingness of various agencies to involve themselves in interagency coordination projects. Fears were expressed by various agencies that management responsibilities would eventually fall entirely to their agencies. Agencies were willing to provide assistance on an individual basis but resisted any procedural changes without specific mandates.

- Central agency-local agency commitment issues emerged at every stage of project planning and implementation. Central offices of various agencies made commitments which field offices were unable to meet and field offices were unwilling to make local commitments without clearance or mandates from the central office.

- Centralized technical assistance is an issue which assumed major importance as the projects proceeded. Information was required by a variety of public and private providers, by a variety of potential consumers and for a variety of purposes. Local efforts, it seems, will be inadequate to meet the informational needs of projects designed to bring together children with special needs and providers to assess and meet those needs.

B. Coordinating Social Services for the Birth to Three Year Old Child

This concept paper was developed in March 1980 for the Commissioner of the Department of Social Services. The paper is a logical extension of the findings presented in the previous evaluation study. It provides a working model of a coordinated service system based on the standards outlined in the Plan. The model suggests a lead agency role for the new Department of Social Services, as well as appropriate roles for other agencies and departments. In the body of the report, Logos Research Institutes emphasizes the importance of planning around an area-based structure and of designing a clear and effective case management system which includes standardization of program planning and record keeping across agencies. The report also presents a clear graphic representation of the proposed client pathway for special needs children birth to three.

C. The Cambridge Workshop Report

Under the direction of Dr. Samuel J. Meisels, the Cambridge Workshop conducted a study of the Massachusetts Early Intervention services. Their final report, "Children in Transition: A Study of the Provision of Early Intervention Services in Massachusetts," provides a very clear and comprehensive description of the early intervention system in the commonwealth. Sections of the report address the mandates and policies of each of the state departments and from this lead to a discussion of the current status of services and the major constraints which need to be addressed in order to improve the provision of services.

Based on a thorough analysis of written documents and information gained from interviews and questions used with over 100 representatives from agencies and groups concerned with early intervention, Dr. Meisels developed a set of recommendations designed to alleviate the constraints to service for the birth to three population. The specific recommendations are reflected in three themes which emerged from the study:

- Early intervention is fundamentally preventative;
- The system must address coordination; and
- The state must reflect a responsible policy toward children and families.

With these themes in mind, Dr. Meisels recommends:

- A mandate guaranteeing services for the birth to three population should be enacted. It should focus on prevention, range of services and due process procedures;
- The Executive Office of Human Services (EOHS) should assume responsibility for overall coordination of inter-agency efforts;
- A comprehensive analysis of fiscal conditions of early intervention should be undertaken;
- A case management system should be implemented;
- Demographic and geographic diversity should be planned for;
- A single agency should assume responsibility for public awareness;
- Technical assistance should be provided to any program providing early intervention services;
- Professional inservice development should become a component of all grant and contract applications for early intervention programs;
- Respite care should be adequate and affordable;
- Transition from early intervention to preschools should be formalized; and
- Special interest groups (e.g. Federation for Children with Special Needs, United Cerebral Palsey) should adopt early intervention as a priority.

D. Policy Interviews Conducted for This Study

Section III-C of this report presents the findings from a series of interviews with policy level representatives from departments and agencies concerned with services to special needs young children. From the specific questions and issues dealt with during these interviews six themes emerged:

- Many agencies have a strong interest in early childhood services and are prepared to do more in the future;

- There is a severe lack of communication and information sharing between the planners and/or policy makers of the different agencies;

- Public awareness, coordination, and clearer guidelines and standards were the most often cited service needs;

- There is significant disagreement about the efficacy and content of a mandate for the birth to three population;

- While there has been little policy change in the past three years, changes of the last few months and the coming year may have significant impact on planning for early childhood services.

V. SUMMARY AND RECOMMENDATIONS

Some of the information presented in these reports primarily concerns the birth to three year old child, while other information deals with children birth to six. The information sources utilized were coupled for different audiences with different purposes in mind. Finally, assumptions about elements such as the potential population characteristics or the future role of the Massachusetts Department of Social Services have been made and may differ significantly between studies. Some conclusions, however, which emerged from the preceding studies have withstood a cross-study analysis.

Both the Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts and Children in Transition emphasize that early intervention and early childhood services are preventative. Prevention should form the basis of all future planning in early childhood. In the public health and mental health fields, prevention has increasingly become a major focus of attention. In 1963, President John F. Kennedy set the direction for the preventative approach to health and social problems when he said

> *Prevention is far more desirable for all concerned. It is far more economical and it is far more likely to be successful. Prevention will require both selected specific programs directed especially at known causes, and the strengthening of our fundamental community, social welfare and vocational programs which can do much to eliminate or correct the harsh environmental conditions which often are associated with mental retardation and mental illness.* (Kennedy, 1963)

The current service delivery system and the policy of the state agencies with an interest in early childhood do not fully reflect this philosophy. Bolman (1969) offers a description of the three aspects of prevention which must concern planners and policy makers. According to his definition

> *Primary prevention attempts to prevent a disorder from occurring. Secondary prevention attempts to identify and treat at the earliest possible moment so as to reduce the length and severity of disorder. Tertiary prevention attempts to reduce to a minimum the degree of handicap or impairment that results from a disorder that has already occurred. From the standpoint of the community, these distinctions are equivalent to reducing incidence, prevalence, and extent of disability respectively.*

Currently in Massachusetts some programs stress the preventative orientation but a large number are concerned with designing a system of direct ameliorative services. Very often these services duplicate or conflict with similar services provided by the private sector. A number of

recent studies in Massachusetts have testified to the extent and quality of private treatment programs and practitioners. In the Brockton Early Childhood Project, for example, of the services surveyed, 64% were provided by the private sector.

It is recommended that agencies with an interest in the birth to six population convene a policy level task force dedicated to the primary, secondary and tertiary prevention of handicapping conditions in early childhood. This body should adopt the service delivery model conceived by the Interagency Planning Group and refined and expanded in Coordinating Social Services for the Birth to Three Year Old Child. This model, which represents a system pathway, is comprised of six elements: public awareness, screening, assessment/case management, program planning, service delivery, and program review.

In order for this system to be preventative and not simply ameliorative and crisis-oriented, it is necessary that the system be permanent, complete and coordinated and that entry into the system be clear and universal. In order to bring this about, the policy level task force proposed above would have to deal with a series of important issues.

ISSUE 1 - *The lead agency for birth to three*. A number of arguments have been extended about why DMH, DPH, DOE or DSS is best equipped to be the lead agency for the birth to three population. The strongest of these arguments favors the new Department of Social Services because of its broad mandate which covers many of the areas which make up the early childhood service system. The term "lead agency", however, may be misleading. There are a number of agencies within the commonwealth with a real and significant interest in this system. At this time, it does not seem advisable to designate a single agency as having primary responsibility for this age population and thereby reduce the responsibilities of other agencies. Rather than a lead, what is required is orchestration and coordination of the overall preventative system. The Department of Social Services, as a member of the policy level task force, seems best equipped to serve in this role.

ISSUE 2 - *A mandate for the birth to three population*. Related to the issue of a lead agency is a concern with a legislative mandate for the birth to three population. Given the complexity of the current system, and the lack of hard evidence on which to base a new approach, a legislative mandate appears to be a simplistic approach. While a mandate will ultimately be required in order to assure free universal access and due process to all children and parents in the commonwealth, it will not automatically provide answers to the complex issues outlined here. It is advised that the policy level task force focus on the development of a clear and realistic mandate as a goal rather than a means.

ISSUE 3 - *Direct vs. indirect services*. As defined above, primary, secondary and tertiary prevention form a complete system and philosophy. Specific services within that system may be classified as either direct or indirect. Direct services refer to those services which specifically involve the client. Indirect services, on the other hand, are concerned with all the elements necessary to support the direct services. Recently the human services system in Massachusetts has adopted a commitment of Purchase of Services (POS). Under this concept the bulk of direct services is provided by public and private providers through contracts with state agencies. It will be necessary for the policy level task force to decide:

- which elements of the system are applicable to direct purchase of service contracts;
- what direct services still remain to be filled by participating state agencies;
- what indirect services are needed to support the public and private sector efforts;
- what is the appropriate role for direct public & private providers in planning and designing the overall (preventative) system; and
- what kind of monitoring or licensing system is required to ensure that standards are adhered to in direct service delivery.

ISSUE 4 - *The central vs. local level*. Another issue which any state planning group must face concerns which elements of the system are best administered from the central office level and which are best handled at the area or local level. From the results of the field test, it appears evident that many components of the proposed system such as a media campaign, require resources only available at the central office level. Many other elements which are sensitive to the particular geographic, demographic and service system characteristics of a given area must be designed and controlled at the local level. Through careful analysis it will be necessary to specify the locus of control for all aspects of the system.

ISSUE 5 - *Definitions*. While lack of clear definitions of "special needs children" is occasionally used as an excuse for coordination or service delivery, it is more often a genuine stumbling block to comprehensive planning and to the assignment of responsibility across agencies. This is a complex problem which will not allow simple solutions. For example:

- Should teenage mothers or even teenagers in general be a primary focus of a system designed to reduce handicapping conditions in young children?
- What factors determine whether a population is "at risk"?

ISSUE 6 - *Information for Planning*. One of the clearest findings reported in each of the studies of the current system spoke to the near total lack of communication between elements within the system. The Cambridge Workshop reported that both the Department of Mental Health and the Department of Public Health designed standards for their jointly funded programs with neither being involved in the other's efforts. In the present study, approximately half of the people interviewed because of their familiarity with the early childhood system had never heard of the Early Childhood Interagency Planning Group or the Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts. It is recommended that an interagency research and planning group be established. This group should report directly to the policy level task force and should have as its aim to provide the task force with the information necessary for interagency planning. This group should pay particular attention to the many excellent model programs that now exist in Massachusetts. For example, this group should make contact with the individuals at the eastern and western sites of the Early Childhood Project who are still trying to implement elements of the proposed system. This group should serve as a medium for two-way communication, gathering information for policy planning and updating all public and private sectors about resources, changes and issues.

ISSUE 7 - *Time*. Many of the elements of this system, such as public awareness or a comprehensive screening campaign, are additive in nature, beginning with a core and growing gradually year by year, building trust, visibility and word of mouth dissemination of techniques. The policy level task force must be prepared to support such efforts and model programs for a sufficient enough period of time to prove or refute their efficacy. The service model described should be implemented on a second phase. This second phase should include at least six catchment areas and have secure funding for a minimum of three years.

The recommendations presented in this report provide a significant challenge. The degree of interagency negotiations required is substantial and will not happen quickly. While the present economic and political climate would suggest at least a temporary delay in the initiation of new activities, a number of factors point to the coming months as a crucial period for coordinated interagency planning. The newly created Department of Social Services will be formulating their own policies relevant to the early childhood population. Those policies may either represent a first step toward a comprehensive, integrated system or yet another set of duplicative and conflicting guidelines and policies which will further set back the ultimate goal of coordination.

Policy changes on the federal (EPSDT, FIDCR) level and on the state (DPH reorganization, DMH Early Intervention regulations) level will impact the way in which many services are currently provided. Finally, perhaps as a result of successes with early intervention and early childhood programs, many of the policy makers in the principle state agencies currently hold a strong and positive focus on improvement of the delivery of services to youngsters and to the prevention and reduction of handicapping conditions in the future. It would be unwise to assume that early childhood will always maintain this spotlight.

For these reasons it is important that the policy makers in the Massachusetts human service delivery system begin now to address the issues in this and other recent reports.

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